

NEW HAMPSHIRE EMPLOYMENT SECURITY**PAYMENT VOUCHER**

REPORT OF EARNINGS FOR LESS THAN FULL-TIME WORK

(Note: This Report Must Be Prepared in Ink and Wages Reported On A Calendar Week Basis)

Name of Employee _____

Week Beginning **Sunday** _____

1.	Gross Earnings for Hours Worked	\$	_____
2.	Tips Reported by Employee	\$	_____
3.	Holiday Pay	\$	_____
4.	Total	\$	_____

Co Name: _____ Tel #: _____

Completed By: _____ / _____
Name (Print) TitleSignature: _____ / _____
Date

SSN _____

And Ending **Saturday** _____5. Did the employee accept all the work you had for them
during the week this voucher covers? ☐ Yes ☐ No

5a. If no, please explain: _____

DES 1060 R-5/00

SEE INSTRUCTIONS ON REVERSE SIDE**NEW HAMPSHIRE EMPLOYMENT SECURITY****PAYMENT VOUCHER**

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INSTRUCTIONS

Note: Answer all questions carefully. This voucher is required under Rule EMP 302.03

TO THE EMPLOYER: Please complete all of the appropriate entries on the other side of this form and give the form to the employee. *Do not report wages according to your payroll week unless your payroll week ends on Saturday.*

TO THE EMPLOYEE: If you claim partial benefits for the week covered by this REPORT:

1. You must present proof of earnings no later than 2 weeks after you receive notice of the amount of your earnings.
2. Report any earnings during the same week from other employers or from odd jobs.

Return To: NH EMPLOYMENT SECURITY
PO BOX 9506
MANCHESTER NH 03108-9506

Any alterations or erasures on the face of this report may be grounds for refusal to accept it.

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